


**Author(s):** Gaudion, Anna., Homeyard, Claire., Murshali, Helen., Field, Vicky.
**Article Title:** Florence... the experience of becoming a mother in exile
**Year of publication:** 2005
**Citation:** Gaudion, A. et al (2005) 'Florence... the experience of becoming a mother in exile' RCM Midwives 2005 Sep 8(9) 387-9
**Link to published version:** http://www.rcm.org.uk/midwives/news/rcm-in-the-news/florence-the-experience-of-becoming-a-mother-in-exile/
**DOI:** (not stated)

**Publisher statement:**
(not stated)

# Florence... the experience of becoming a mother in exile

Immigration and asylum are controversial subjects, but awareness of them can be poor. Anna Gaudion, Claire Homeyard and Helen Murshali discuss the process of making a film that addresses issues facing pregnant asylum-seekers in the UK and Vicky Field outlines the film's background and public launch.

## The making of the film

The documentary, *Florence... the experience of becoming a mother in exile*, was made with the primary audience of practising midwives and policy advisors in mind. It was made by Anna Gaudion towards a Masters degree in refugee studies at the University of East London in collaboration with consultant midwife in public health and supervisor of midwives Claire Homeyard and the Refugee Council. Central to the film are the accounts from women of why they sought asylum in the UK. Florence, a teenage mother of twin boys from the Democratic Republic of Congo discusses, through an interpreter, her experience of becoming a mother. The aim of the film is to give these women a voice and provide a forum where they can be heard. Parallel to these stories, Claire Homeyard liaises with a number of professionals to clarify issues around need and access to services. The film concludes with a short analysis of the possible consequences of the changing legislation and entitlement of failed asylum-seekers to health care and maternity services.

## Background

The project was initiated after hearing one woman's personal story. Unfortunately, Florence's experience is not an isolated one, but reflective of findings in the Maternity Alliance report,Mothers in exile (McLeish, 2002a). Experiences recounted at the Refugee Council one-stop service in Brixton, London and those witnessed at local level echoed the issues and raised concern. Some pregnant asylum-seekers accessing maternity services receive good quality care and have positive experiences, however, for others the opposite is the case, being met with hostility and negative encounters with healthcare providers. In Mothers in exile,McLeish argued that training is required for NHS staff around the needs of this client group. Although advocacy work with the Refugee Council has been effective in addressing some concerns, it was felt that a film would allow the issues to be presented to a wider audience, thus raising awareness.

**Ethics**

The film proposal, although passed through the university ethics board, was made as a social policy document rather than a piece of original research. In order to satisfy the spheres of ethical approval and governance within the primary care Trust in which the film-maker worked, it was imperative that women were not approached through professional contact. The women who told their stories were recruited under the umbrella of the Refugee Council. The project was presented to a women's group as well as to a number of individuals through Refugee Council health access advisor Anne Abeja Akaki. Four women were keen to participate in the film as they wished to contribute to an assignment that had the potential to inform practitioners. One of the prerequisites for making a documentary film is that anyone who gives an interview or speaks on it needs to sign a release form. This lets the subject know what their involvement in the film entails. The aura of film equipment may coerce people, or signing may be problematic for those fleeing absolutist state power or political corruption (Pryluck, 1988). The requirement that consent was necessary recognised that there was an unequal power relationship between investigators and subject (Barbash and Taylor, 1977).

In recognition of this, recruitment occurred over a number of weeks. It can be viewed as coercive to pay people to be in a film, as it could be construed that they were paid to deliver a particular viewpoint (Barbash and Taylor, 1997).Maussian (1990) concepts of reciprocity mean that for the film-maker, part of the contractual relationship was ensuring the film was of good enough quality to be seen. In this way, the generosity of the women, as their voices are heard, has the potential to help other women in exile. Due to editorial technical difficulties, there was one stage in the making of the film when it was felt that it would not be possible to bring the project to fruition, however, the trust the women afforded became the impetus to continue.
The film needed to be self-explanatory and self-contained as one of the issues raised in early discussions with the women's group was that the film-maker would not earn money from the finished product or sell it. Consent was needed for the participants from the maternity service, the Maternity Alliance, the Medical Foundation for the Care of Victims of Torture, the Refugee Council and the RCM for them to be portrayed individually and as members of an organisation. Film footage was played back for their approval prior to the release form being signed.

**Why a film?**

In one study on integration, people were found to perceive refugees as different from themselves, but once contact was made they were found to be 'not unlike us' (Hollands, 2001: 304).Hollands suggests that perceptions and prejudices towards asylum-seekers can be challenged and altered over time. Film can be a medium that gives people an opportunity to speak for themselves. A documentarymay facilitate a positive meta-narrative, in this case a young woman and experts in the field seeking to improve services.Watching the film, it is clear 'film language is the language of moving, seeing, and hearing.More than any other medium or art form, film uses experience to express experience' (Barbash and Taylor, 1997: 1).

In a society where the visual media strongly competes with the written for an audience, film has the abductive capacity to capture, hold and transform ideas.Morphy (1994) suggests that information conveyed by film is complementary to and different from that expressed in a written work. Employing sound and vision, it gives insights into a world of emotions, humanity and politics (Loizos, 1992). For the viewer, seeing and hearing testimonies from refugee women themselves may give added depth to their stories, affording 'thick description' in the Geertzian sense (1993). For the women, the film may be a way for them to externalise and narrate their experiences as refugees and mothers – both a therapeutic tool and one to empower them in a new world (Fischer, 1996).

It may awaken awareness, perhaps alter perceptions and change practice. Film allows for reinterpretation of particular aspects. A finished film is inevitably reductionist, but not necessarily any more so than a written text. In his discussion on representation, Rabiger (1998) cites Brecht's characterisation of art as a hammer acting on society to change it. In making a documentary, loyalties and obligations, interwoven with trust between the filmmaker and the participants, develop and ownership becomes inseparable from ethics.

**Issues raised**

Several threads track their way through much of the literature on meeting the needs of asylum-seekers and refugees in the NHS. The critical barriers to best use of the service are identified as being the response of primary care, language and cultural differences and a lack of awareness among health professionals of refugee issues and entitlements. Reports highlight a need to improve certain areas of infrastructure,

namely language support, systems for providing health information to refugees and increasing understanding among health professionals concerning the rights of refugees and asylum-seekers (Aldous et al, 1999; Burnett and Peel, 2001; Coker, 2001; Fassil, 2000;McLeish, 2002b; Kennedy and Murphy-Lawless, 2001; Woodhead, 2000).

**Editorial decisions**

A great deal of relevant footage was obtained and the particular needs of this group of women meant that not all issues would be addressed in this film. Editorial decisions were made jointly by Claire and Anna. The decision to exclude discussions around HIV and female genital mutilation raised by some professionals during the filming was primarily made due to the possibility of stigmatising individuals or groups. It was also felt these issues could not be covered in enough depth within the time constraints of the film. Both issues have a significant impact on women's health and cause unnecessary suffering (Burnett and Fassil, 2002) and this decision was not taken lightly.

It was decided when Florence tells her story not to use subtitles – instead, her spoken words are summed up by Stephanie White, an interpreter from the Refugee Council. The film thus reflects the atmosphere of being there with Florence and Stephanie, hearing her story. Naturally those in the audience who speak French will have a greater insight into her experience, but the idea was to create the 'feeling' of working with an interpreter. It was important the audience really listened to her.

**Post-production**

Earlier this year, over 90 people attended a screening of the film followed by a panel discussion at the University of East London. It was the first opportunity to assess whether the documentary, Florence... the experience of becoming a mother in exile had 'reshaped perceptions and set the terms of debate' (Fischer, 1996: 129). The panel was chaired by Claire and included head of policy, information and campaigns at the Maternity Alliance Ruba Sivagnanam, GP at the Sanctuary Practice and the Medical Foundation for the Care of Victims of Torture Angela Burnett, health policy advisor at the Refugee Council Helen Murshali and RCM policy and research analyst Vicky Field. Barbash and Taylor (1997) argue that a filmmaker only learns what a film is truly about when they see how people and communities respond to it. The film generated reactions and questions from the audience, and written evaluation

elucidated that all parts of the film were considered useful, some more poignantly than others. The section of the film entitled 'Our stories' where three women narrate parts of their biographies and the section on changing legislation and entitlement to maternity services were highlighted as most useful. From a domestic violence worker: 'The film definitely echoes many women's experiences and makes their situation real, problems around insecure immigration, homelessness, pregnancy, isolation, oppression and violence.'An interpreter said: 'The film deals sensitively with the haunting loneliness of a young mother who found herself facing pregnancy and birth in an alien city, without the support of family and friends.'

**Evaluation**

The intended audience ranged from practising midwives to policy advisors. No group can ever be homogenous and people will interpret the film individually, but it can be viewed on a number of layers. If people leave with the resonance of Florence as a young, delightful teenager worth advocating for and listening to the film, for us, has worked. However, there are higher messages concerning access, language support and education for those in control of finances and policy. The process of making the film has already brought professionals together and increased awareness of the situation.

**Distribution**

An effective distribution strategy is as important as any other aspect of film-making and can be as costly as the production itself. As this project was self-funded by the film-maker, it has been necessary to be strategic about distribution of the limited number of copies made. Everyone involved in its making received a copy, as did a number of libraries. Copies of the film have been sent to those involved in policymaking within government. Finally, 30 copies will be distributed to interested professionals for teaching purposes. Funding for the production of further copies is being sought.

**Background to the film**

The general election in May provided an opportunity to gain some insight into those issues foremost in the mind of the British electorate. As always, the NHS was near the top of the list, but another subject was found to cause most concern – immigration and asylum (MORI, 2005). Debate around these issues has always been powerful and controversial. Whatever your opinions, and as far removed as

newspaper editorials and parliamentary speeches may seem from life as a practising midwife in the UK, the fact remains that the 'issue' of asylum boils down to real people in real situations. The reality of life as an asylum-seeker in the UK has been captured in the film Florence… the experience of becoming a mother in exile.

In an effort to draw together perspectives from women asylum-seekers themselves and from midwifery, this collaborative project looks at the experiences of women asylum-seekers using UK maternity services. Primarily designed to aid discussion about refugee and asylum-seeker issues among midwives, the half-hour film looks at the topic from a number of angles, opening with a look at some definitions and terminology used to talk about seeking asylum. It then looks at some of the reasons why women flee their countries of origin to seek refuge in the UK, and highlights some of the challenges that pregnant women seeking asylum may face. The film moves on to focus on the experience of one woman, Florence (not her real name, although it was inspired by a real Florence), who tells her story through an interpreter, accompanied by her beautiful baby twins. Despite having had a lot to cope with, she is remarkably upbeat and full of praise for one of her midwives in particular, with whom she formed a close relationship.

The last section centres on a focus group discussion of recent policy developments regarding access to care for immigrants and visitors to the UK (Department of Health, 2004). Although refugees and asylum-seekers retain the right to free NHS care, the regulations governing access to free secondary care for some other groups, including 'failed' asylum-seekers, have recently changed. The government consulted late last year on similar changes to the rules on access to free primary care. The DVD is in separate sections, making it ideal for use in group discussions or reflective sessions. This was evident when the filmmakers took the decision to screen it at a launch attended by representatives from the Department of Health, the United Nations High Commissioner for Refugees, community organisations, midwives and students.

The film drew an enthusiastic response, and obviously struck a chord with many of those present. A strong theme of the ensuing discussion was the recent changes to regulations governing access to free care, and several midwives expressed concern over the potential confusion surrounding the new regulations, the way they are applied locally and their implications for vulnerable client groups. Midwives were worried that new measures designed to confront abuse of the NHS, might end up being counter-productive and inadvertently discourage groups like asylumseekers

from seeking care. The RCM was concerned about how these new regulations might impact on work associated with the maternity section of the National Service Framework for children, young people and maternity services (Department of Health, 2004) and government goals to tackle inequalities and improve public health. Ruba Sivagnanam highlighted evidence from Why mothers die 2000 to 2002 (Confidential Enquiry into Maternal and Child Health, 2004), showing the effect on outcomes if women present late for antenatal care or not at all.

The difficulties faced by women who cannot leave the UK, but who have no recourse to funds to support themselves while here were discussed. All the organisations at the launch were keen to continue monitoring the development of policy on access to care and suggestions were made about conducting an impact assessment on the effect of changes to rules governing access to free NHS secondary care. The film provided a forum for discussion on some important human rights and public health issues and everyone who attended the launch commended those involved for tackling a controversial subject in such a sensitive way.

---

**References**


Aldous J, Bardsley M, Daniell R, Gair R, Jacobson B, Lowdell C,Morgan D, Storkey M, Taylor G. (1999) *Refugee health in London. Key issues for public health. The health of Londoners project.* East London and the City Health Authority: London.

Barbash I, Taylor L. (1997) *Cross-cultural filmmaking.* University of California Press: Berkeley.

Burnett A, Fassil Y. (2002) *Meeting the health needs of refugees and asylum-seekers in the UK: an information and resource pack for health workers.* See: www.london.nhs.uk/newsmedia/news 2002-1.htm (accessed July 2005).

Burnett A, Peel M. (2001) Asylum-seekers and refugees in Britain: health needs of asylumseekers and refugees. *British Medical Journal* 322(7285)**:** 544-7.

Coker N. (2001) *Racism in medicine: an agenda for change.* King's Fund: London.

Fassil Y. (2000) Looking after the health of refugees. *British Medical Journal* 321(7252): 59.

Fischer MF. (1996) *Starting over: how, what and for whom does one write about refugees? The poetics and politics of refugee film as ethnographic access in a media-saturated world*: In: Daniel EV, Knudsen JC. (Eds.). *Mistrusting refugees.* University of California Press: Berkeley.

Geertz C. (1993) *The interpretation of cultures.* Fontana Press: London.

Hollands M. (2001) Upon closer acquaintance: the impact of direct contact with refugees on Dutch hosts. *Journal of Refugee Studies* 14(3): 295-314.

Kennedy P, Murphy-Lawless J. (2001) *The maternity care needs of refugees and asylum-seeking women: a research study conducted for the women's health unit.* Eastern Regional Health Authority: Dublin.

Loizos P. (1992) *Anthropological visions: some notes on visual and textual authority*: In: Crawford PI, Turton D. (Eds.). *Film as ethnography.* Manchester University Press: Manchester.

Mauss M. (1990) *The gift, the form and reason for exchange in archaic societies (translated by WD Halls).* Routledge: Abingdon.

McLeish J. (2002a) *Mothers in exile. Maternity experiences of asylum-seekers in England.* The Maternity Alliance: London.

McLeish J. (2002b) *A crying shame: pregnant asylum-seekers and their babies in detention.* The Maternity Alliance: London.

Morphy H. (1994) The interpretation of ritual: reflections from film on anthropological practice. *Man* 29(1): 117-47.

Pryluck C. (1988) *Ultimately we are all outsiders: the ethics of documentary filming*: In: Rosenthal A. (Ed.). *New challenges for documentary.* University of California Press: Berkeley.

Rabiger M.(1998) *Directing the documentary.* Butterworth-Heinemann: US.

Woodhead D. (2000) *The health and wellbeing of asylum-seekers and refugees.* King's Fund: London.

MORI. (2005) *MORI political monitor February.* See: www.mori.com/polls/2005/mpm050221.shtml (accessed July 2005).

Department of Health. (2005) *Implementing the overseas visitors hospital charging regulations. Guidance for NHS Trust hospitals in England*. See: www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4080313&chk=SE4Gro (accessed July 2005).

Confidential Enquiry into Maternal and Child Health. (2004) *Why mothers die 2000 to 2002*. RCOG Press: London.

Department for Education and Skills, Department of Health. (2004) *National Service Framework for children, young people and maternity services*. Department of Health: London